

REVIEWED

By Carol Day at 2:22 pm, Aug 24, 2016



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

RECEIVED 8/13/16-CAROL DAY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN
097430PRINTER SN
096.3580.928DATE OF INSPECTION
08/07/2016LOCATION OF INSTRUMENT (STREET AND CITY)
205 N Lexington St Harrisonville MO 64701TIME OF INSPECTION
10:54 pm

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)☒ PRINTER WORKING PROPERLY☒ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☐ SIMULATOR SOLUTION☒ COMPRESSED ETHANOL-GAS MIXTURE☒ STANDARD SUPPLIER Intoximeters LOT # AG535002 EXP. DATE 12/16/2017☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR EXP DATE☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☐ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE☒ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 0.82

TEST 2 0.081

TEST 3 0.081

☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

N/A

INSPECTING OFFICER

SIGNATURE

Brian Kincaide #258

PRINT NAME

Brian C. Kincaide

TYPE II PERMIT NUMBER/EXPIRATION DATE

250159 / 7-22-2017

TELEPHONE NUMBER

(816) 380-8940

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901



Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 21-Dec-2015

Lot # AG535002 Model 108cadd

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
16-Dec-2017	108	Ethanol	0.080 ± 0.002 BrAC (218 ppm)
		Nitrogen	Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2015.12.21 14:02:23 -08:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst: Rod Marsala
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IU Serial not 097430
Version not 5370

TEST RECORD 00396

Temp Date Time 210L

VOL 100

12 08/07/16 23:00

Subject Name

Subject I.D.

KINCAID

Operator Name, I.D.

Joe H. Lexington
Location

AS IU Serial not 097430
Version not 5370

TEST RECORD 00397

Temp Date Time 210L

Air Blank

08/07/16 23:00 000

Subject Name, I.D.

24 08/07/16 23:00 000

Subject Name

KINCAID

Subject I.D.

Suber Sample

Operator Name, I.D.

Joe H. Lexington
Location

AS IU Serial not 097430
Version not 5370

TEST RECORD 00395

Temp Date Time 210L

Air Blank

08/07/16 23:00 000

Calibration Check

23 08/07/16 23:00 001

Subject Name

Subject I.D.

KINCAID

Operator Name, I.D.

Joe H. Lexington

Location

Location

Joe H. Lexington

Operator Name, I.D.

KINCAID

Subject I.D.

Subject Name

Subject Name

23 08/07/16 23:00 001

Calibration Check

08/07/16 23:00 000

Air Blank

Temp Date Time 210L

TEST RECORD 00394

AS IU Serial not 097430
Version not 5370

Location

Joe H. Lexington

Operator Name, I.D.

KINCAID

Subject I.D.

Subject Name

21 08/07/16 22:54 002

Calibration Check

08/07/16 22:54 000

Air Blank

Temp Date Time 210L

TEST RECORD 00393

TEST RECORD - EPRHIT

AS IU Serial not 097430
Version not 5370



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II

BRIAN KINCAIDE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

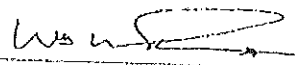
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

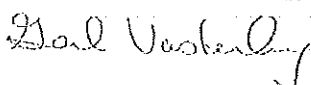
DATE 7/22/2015

NUMBER 250159

EXPIRES 7/22/2017

MO 589-0771 (6-10)


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAR-4 (R6-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator KINCAIDE, BRIAN
Permit No 250159
Date Issued 7/22/2015 Date Expires 7/22/2017